

Prepared by and return to:

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Attorney at Law
Post Office Box 266
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STATE MS.-DE SOTO CO.

WARRANTY DEED

SEP 16 9 09 AM '02

Grady R. Knighton, a Single Person
GRANTOR

BK 428 PG 375
W.F. DAVIS CH. CLK.

to:

Stephen G. Breault, Sr. and wife, Geneva J. Breault
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Grady R. Knighton, a Single Person does hereby sell, convey, and warrant unto Stephen G. Breault, Sr. and wife, Geneva J. Breault, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 15, Carriage Hills Estates Subdivision, Amended, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 28, Page 38-39, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Donna M. Knighton, departed this life on 10/27/01 while an adult resident citizen of Southaven County, MS as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 28, Pages 38-39.

Taxes for the year 2002 are to be paid by Grantees and possession is to be given with receipt of Deed.

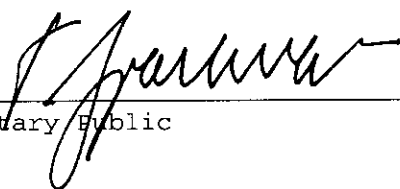
WITNESS the signature of the Grantors, this the 13th day of September, 2002.

Grady R. Knighton
Grady R. Knighton

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Grady R. Knighton, a Single Person, who acknowledge that he executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 13th day of September, 2002.



Notary Public

My Commission Expires:

GRANTOR'S ADDRESS:

7760 DEER RUN WAY
MIDDLETON TN 38052
Work Phone #: NONE
Home Phone #: 731.376.2157

GRANTEE'S ADDRESS:

1243 Carriage Drive South
Southaven, Mississippi 38671
Work Phone #: NONE
Home Phone #: 662.343.4325



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **BK 0428 PG 0376**

PE/PRINT
IN
PERMANENT
LACK INK
FOR
INSTRUCTIONS
HANDBOOK

MADE UP OF REGISTRY
For use by Physician or Institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Donna Marie Knighton				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) October 27, 2001			
4. SOCIAL SECURITY NUMBER (of Decedent) 215-38-5784		5a. AGE-LAST BIRTHDAY (Years) 60		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) May 8, 1941		7. BIRTHPLACE (City and State or Foreign Country) Washington, D.C.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Methodist Central Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis				9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Grady Knighton, Sr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Bookkeeper		12b. KIND OF BUSINESS/INDUSTRY Accounting			
13a. RESIDENCE-STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 1243 Carriage Drive South			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	

PARENTS

17. FATHER'S NAME (First, Middle, Last) Elwood Stump		18. MOTHER'S NAME (First, Middle, Maiden Surname) Marguerite Doggett	
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INFORMANT

19a. INFORMANT'S NAME (Type/Print) Grady Knighton		19b. RELATIONSHIP TO DECEASED Spouse		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1243 Carriage Drive S. Southaven, MS 38671	
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DISPOSITION

20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill Midtown Cemetery		20c. LOCATION-City or Town, State Memphis, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR Paul A. Meeks		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4737		21c. SIGNATURE OF EMBALMER William S. Joyner III		21d. LICENSE NUMBER OF EMBALMER 4341	

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME Forest Hill Midtown 1661 Elvis Presley Blvd. Memphis, TN 38106		22b. LICENSE NUMBER OF FUNERAL HOME 919	
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw		24. DATE FILED (Month, Day, Year) NOV 13 2001	

CERTIFIER

25a. PHYSICIAN - In the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN		25b. LICENSE NUMBER MD26582		25c. DATE SIGNED (Month, Day, Year) 11/8/01	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	

PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
THIS CERTIFICATE MUST
COMPLETE AND SIGN
THIS CERTIFICATION
WITHIN 48 HOURS.

INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Furhan Yunus, M.D. 1331 Union Avenue Suite 800 Memphis, TN 38104											
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardio Pulm. Failure Pneumonia Lung CP											
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)						31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					